

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

SCHULTZ DEBBIE WASSERMAN

Full Name (Last, First, Middle Initial)

A. CRANLEY FOR CONGRESS

Mailing Address 37 W 7TH ST SUITE 804

City CINCINNATI State OH Zip Code 45202

Purpose of Disbursement
Contribution

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 01

Transaction ID: SB21.14293

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	0	6

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. DARCY BURNER FOR CONGRESS

Mailing Address PO BOX 1090

City CARNATION State WA Zip Code 98014

Purpose of Disbursement
Contribution

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 08

Transaction ID: SB21.14503

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	0	6

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEEMailing Address 430 South Capitol Street SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21.14492

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	0	6

Amount of Each Disbursement this Period

10000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

14000.00

TOTAL This Period (last page this line number only)